

# RADIOGRAPHY TECHNIQUE VERIFICATION

This is to certify that

\_\_\_\_\_  
name of dental assistant

has successfully completed a minimum of four hours of training in  
radiography technique as supervised by and in the employment of

\_\_\_\_\_,  
name of dentist

as required by 201 KAR 8:130 for certification of dental assistants to take x-rays.

\_\_\_\_\_  
dentist's signature

\_\_\_\_\_  
date

Certification should be kept on file on the premises where the dental assistant is taking x-rays.